Day Case Hip and Knee Replacement – Northumbria

Paul Partington
Day Case Hip and Knee Lead
Northumbria Trust
Northumbria – Glasgow – April 08

• Physio
• Pre-assessment
• Surgeon
• Anaesthetists
• Pain team
• Ward nurses
• Matron

• Manager
### Hips and knees

<table>
<thead>
<tr>
<th></th>
<th>Traditional</th>
<th>Enhanced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>3000</td>
<td>3000</td>
</tr>
<tr>
<td>Age (years)</td>
<td>69</td>
<td>68</td>
</tr>
<tr>
<td>THR</td>
<td>1368</td>
<td>1255</td>
</tr>
<tr>
<td>TKR</td>
<td>1632</td>
<td>1745</td>
</tr>
<tr>
<td>Mean LOS</td>
<td>8.5</td>
<td>4.7</td>
</tr>
<tr>
<td>Median LOS</td>
<td>6</td>
<td>3</td>
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</tbody>
</table>
Primary Hip & Knee Replacements Average Length of Stay compared to NHS England Peer
April 2017 to March 2018

Northumbria
## Hips and knees

<table>
<thead>
<tr>
<th></th>
<th>Traditional</th>
<th>Fast track</th>
<th>P value (Chi squared)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total number</strong></td>
<td>3000</td>
<td>3000</td>
<td></td>
</tr>
<tr>
<td><strong>Death (30 day)</strong></td>
<td>16 (0.5%)</td>
<td>5 (0.2%)</td>
<td>0.03</td>
</tr>
<tr>
<td><strong>RTT (30 day)</strong></td>
<td>60 (2%)</td>
<td>40 (1.3%)</td>
<td>0.05</td>
</tr>
<tr>
<td><strong>Stroke (30 day)</strong></td>
<td>14 (0.5%)</td>
<td>7 (0.2%)</td>
<td>0.12</td>
</tr>
<tr>
<td><strong>Pneum (30 day)</strong></td>
<td>29 (0.9%)</td>
<td>36 (1.2%)</td>
<td>0.45</td>
</tr>
<tr>
<td><strong>GI bleed (30 day)</strong></td>
<td>18 (0.6%)</td>
<td>11 (0.4%)</td>
<td>0.36</td>
</tr>
<tr>
<td><strong>MI (30 day)</strong></td>
<td>26 (0.9%)</td>
<td>12 (0.4%)</td>
<td>0.03</td>
</tr>
<tr>
<td><strong>DVT (60 day)</strong></td>
<td>23 (0.8%)</td>
<td>14 (0.5%)</td>
<td>0.19</td>
</tr>
<tr>
<td><strong>PE (60 day)</strong></td>
<td>36 (1.2%)</td>
<td>32 (1.1%)</td>
<td>0.71</td>
</tr>
<tr>
<td><strong>Readmission</strong></td>
<td>141 (4.7%)</td>
<td>139 (4.6%)</td>
<td>0.95</td>
</tr>
</tbody>
</table>
Enhanced recovery program for hip and knee replacement reduces death rate

A study of 4,500 consecutive primary hip and knee replacements

Ajay Malviya, Kate Martin, Ian Harper, Scott D Muller, Kevin P Emmerson, Paul F Partington, and Mike R Reed
Survival Probabilities ± 95% C.I.

<table>
<thead>
<tr>
<th></th>
<th>Months</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
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<tr>
<td></td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>≈4</td>
<td></td>
</tr>
<tr>
<td>TRAD</td>
<td>0.995 (0.025)</td>
<td>0.992 (0.003)</td>
<td>0.979 (0.005)</td>
<td>0.962 (0.007)</td>
<td>0.939 (0.009)</td>
<td>0.919 (0.01)</td>
<td></td>
</tr>
<tr>
<td>ER</td>
<td>0.999 (0.0013)</td>
<td>0.997 (0.0029)</td>
<td>0.987 (0.006)</td>
<td>0.973 (0.008)</td>
<td>0.967 (0.009)</td>
<td>0.963 (0.011)</td>
<td></td>
</tr>
</tbody>
</table>
Fast-track protocol for op

- same day admission
- Pre warming
- Walk to theatre
- no urinary catheter
- Apple music of their choice
- Low dose spinal (no opiates)
- Tranexamic acid
- Normal operation
- no drains
Day Case Surgery
Can we discharge on day 0?

NORTHUMBRIA THR PATIENTS DISCHARGED ON DAY 1

Can we discharge on day 0?
Realisation

• Many patients
  – Operation afternoon
  – Home next morning

• Not far to move to
  – Operation morning
  – Home afternoon / evening
Day surgery- message

• Clinic consultation
  – Sow the seeds of fast track & day case surgery
  – “How long will I be in hospital?”

• Pre-op / consent / post op. ward round
  – ‘We’ll aim to get you home today’
  – ‘Blood clots may kill, which is why we will get you out of bed as soon as possible’
First planned patient

• Mid sixties, female

• Keen to go home on the day of operation
  – Clinic
  – Pre-assessment
  – Ward
The day came

- 1st on the list
- Low dose spinal
- Standard surgery
  - LA infiltration etc
  - No drains (of course)
  - Early mobilisation
  - Discharged (bloods OK, physio happy, not too far)
- Phone call from NP 22.00 D0 & 08.30 D1
Follow-up

• Delighted patient
  – Happy with her hip
  – Happy with experience
  – No complications
Follow-up

• Delighted patient
  – Happy with her hip
  – Happy with experience
  – No complications

  – Admits she was very, very keen not to stay in hospital and leave her dog at home alone for the first time ever...
2015

• Breeding programme for puppies
• Issue puppy at the time of entering waiting list
• Reinforcement in PAC
  – Emphasise need to not leave puppy home alone for even one night
• Reinforcement on the ward

• Result- day case joint replacement surgery!
2016

• Progress
2016

- Progress
- Day case surgery without puppies
2016

• Progress
• Day case surgery without puppies
• Puppy project abandoned
2016

- Progress
- Day case surgery without puppies
- Puppy project abandoned
Developing Day Case Surgery

• 2 Schools of thought
  – “Grammar”
  – “Comprehensive”
‘Grammar School’ Approach

- Selected ‘elite’ patients
- Resources directed to ‘elite group’
- Day Surgery Unit

- Those not selected - no chance of day surgery
- Fewer ‘failures’ – perhaps stigma if fail?
- Perhaps pressure to go home?
- ? Effect on average length of stay
‘Comprehensive School’ Approach

- Non selected
- Inclusive, resources same to all
- If they say they’re up for it, we give it a go
- Orthopaedic Ward

- More ‘failures’
- No risky discharges
- Shorter overall length of stay
Day Cases Now – Northumbria “Comprehensive Approach”

• Scheduled in diary

• Clinic consultation crucial
  – you will know if the patient likely
  – ‘That sounds great’
  – ‘I don’t want to stay in hospital’

• Make it clear they won’t be pushed out
  – ‘Only if all is well will day case discharge occur’
  – ‘If there are any issues, you stay until the next day’
Day Cases Now – Northumbria
“Comprehensive Approach”

• Scheduled in diary

• Clinic consultation crucial
  – you will know if the patient likely
  – ‘That sounds great’
  – ‘I don’t want to stay in hospital’

• Make it clear they won’t be pushed out
  – ‘Only if all is well will day case discharge occur’
  – ‘If there are any issues, you stay until the next day’
Post Operative

• Post op instructions
  – Mobilise FWB
  – No X-ray*
  – Check bloods 16.00
  – If all well, home today

• Nurse Practitioners key
  – Experience
  – 24h cover
  – 22.00 call and POD 1 morning call
POOR MOBILITY

REDUCED MOBILITY

INCREASED PAIN

INCREASED SIDE EFFECTS

MORE ANALGESIA
STEP DOWN ANALGESIA

- Gabapentin 300mg BD (continued a 10 day course)
- Paracetamol 1g QDS

**NSAIDs**
- Naproxen 500mg BD or Ibuprofen 400mg TDS

**Weak Opiates**
- Codeine phosphate 15-30mg (occasionally 60mg) QDS
- Tramadol 50-100mg QDS
- Morphine sulphate solution 10mg PRN 4hrly max 40mg
Case example
• 57
• Farmer (though unable to farm 2 years)
• Housebound
• Delayed presentation ‘back pain’
Assessed by: [Signature]

Screen only

Assessment Type: Telephone only

Clinic

Date of Assessment: 18/6/18

Operation proposed: (L) THR 10/7/18

Date of Surgery: 25/9/18

List start: am

Admit as: Day case

Inpatient

DOS

Surgeon: Partridge

Is the hospital site suitable? Yes

No

<table>
<thead>
<tr>
<th>Height (m)</th>
<th>Weight (kg)</th>
<th>BMI</th>
<th>Sat O₂ on air</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.68</td>
<td>156</td>
<td>55.27</td>
<td>98%</td>
</tr>
</tbody>
</table>

BP: 126/81

Pulse: 74

Regular

Irregular

Occupation: Farmer

ASA: 1

PONV: Yes

No

Current Medications (Include herbal and over the counter medications):

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Dose / Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Simvastatin</td>
<td>40 mg in 1 day</td>
</tr>
<tr>
<td>2. Aspirin</td>
<td>5 mg in day</td>
</tr>
<tr>
<td>3. Paracetamol</td>
<td>1 g p.r.n.</td>
</tr>
</tbody>
</table>

Drug Name

Dose / Frequency

11. ...

12. ...

13. ...

14. ...
**Screen only**  
**Telephone only**  
**Clinic**  

**Assessment Type:**  
Date of Assessment: 18/6/18

**Operation proposed:**  
Hospital Site: NSECH / WGH / NTG / HGH / AI

**Date of Surgery:**  
List start [am] pm

Admit as:  
DOS

Surgeon: Partridge

Is the hospital site suitable? Yes No

<table>
<thead>
<tr>
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<th>BMI</th>
<th>Sat O₂ on air</th>
<th>Occupation</th>
<th>ASA</th>
<th>PONV</th>
<th>Current Medications</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.68</td>
<td>156 kg</td>
<td>55.27</td>
<td>98%</td>
<td>Farmer</td>
<td>1</td>
<td>Yes</td>
<td>Simvastatin 40mg once</td>
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<tr>
<td>126/81</td>
<td>Regular</td>
<td>LMP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Aspirin 3mg</td>
</tr>
<tr>
<td></td>
<td>Irregular</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Paracetamol 1g</td>
</tr>
</tbody>
</table>

**Current Medications (Include herbal and over the counter medications)**

<table>
<thead>
<tr>
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<tbody>
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<td>3mg</td>
</tr>
<tr>
<td>Paracetamol</td>
<td>1g</td>
</tr>
<tr>
<td>To</td>
<td>3g</td>
</tr>
</tbody>
</table>

11. .................................................................
12. .................................................................
13. .................................................................
14. .................................................................
First Hip

• Admitted 07.30
• Spinal anaesthetic
• KTS 09.00
• Fast Track Protocol
• Mobilised safely
• Discharged 20.00 (12.5h stay)
• No post operative problems
Second Hip

• 6 weeks after first hip
Second Hip

- 6 weeks after first hip
Second Hip

• Admitted 07.30
• Spinal anaesthetic
Second Hip

• Admitted 07.30
• Spinal anaesthetic – failed
• GA
• KTS 09.35
Large leg = large incision

• NOT minimally invasive surgery
• Posterior approach
• (Not anterior approach)
• Our series ‘standard’ Posterior and lateral ‘Hardinge’ approaches
Second Hip

- Admitted 07.30
- Spinal anaesthetic – failed
- GA
- KTS 09.35
- Mobilised safely
Second Hip

- Admitted 07.30
- Spinal anaesthetic – failed
- GA
- KTS 09.35
- Mobilised safely
- Discharged 17.40 (8h after start of surgery)
Second Hip

- Admitted 07.30
- Spinal anaesthetic – failed
- GA
- KTS 09.35
- Mobilised safely
- Discharged 17.40 (10h stay)
Second Hip

- Admitted 07.30
- Spinal anaesthetic – failed
- GA
- KTS 09.35
- Mobilised safely
- Discharged 17.40 (10h stay)

- Total stay 2 hips = 22½h
Accelerated recovery

• Off walking aids

• Return to work, driving, ’normalising’
PFP Early Results: April 2016 – July 2017

• 22 patients identified for Day case arthroplasty.

  – 45% Day Case.
  – 41% Day 1 Discharge
  – 14% Day 2 Discharge
**PFP Early Results: April 2016 – July 2017**

- 22 patients identified for Day case arthroplasty.
  - 45% Day Case.
  - 41% Day 1 Discharge
  - 14% Day 2 Discharge
  - 86% one night stay or less
**PFP Results:** April 2016 – July 2017

**Length of Stay in hours**

- **Axes:**
  - **X-axis:** Patients
  - **Y-axis:** Hours

- **Graph:**
  - Title: LOS
  - Data points and trend line indicating increasing length of stay over time.
**PFP Results:** April 2016 – July 2017

Length of Stay in hours

![Graph showing length of stay in hours](image)

- **Y-axis:** Hours
- **X-axis:** Patients
- **Legend:** LOS
**PFP Results:** April 2016 – July 2017

- Why patients didn’t get home?
  - PM list.
  - Geographic.
  - Change in circumstances.
  - Urinary retention.
  - Pain/Physio.
Is it safe? Day Case vs Fast Track

- Pre-op comorbidities
- Post-op complications
<table>
<thead>
<tr>
<th></th>
<th>Day cases (n=100)</th>
<th>All cases (n=1000)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Demographics</strong></td>
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</tr>
<tr>
<td>Mean age: 63</td>
<td>63.0</td>
<td>69.5</td>
</tr>
<tr>
<td>Gender % Male</td>
<td>56.0</td>
<td>44.7</td>
</tr>
<tr>
<td><strong>Comorbidities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypertension %</td>
<td>34.9</td>
<td>44.1</td>
</tr>
<tr>
<td>AF %</td>
<td>1.2</td>
<td>7.8</td>
</tr>
<tr>
<td>IHD %</td>
<td><strong>6.0</strong></td>
<td><strong>7.0</strong></td>
</tr>
<tr>
<td>Hypothyroid %</td>
<td>8.4</td>
<td>8.0</td>
</tr>
<tr>
<td>Hyperthyroid %</td>
<td>0.0</td>
<td>4.0</td>
</tr>
<tr>
<td>Diabetes (IDDM) %</td>
<td>0.0</td>
<td>0.5</td>
</tr>
<tr>
<td>Diabetes (NIDDM) %</td>
<td><strong>13.3</strong></td>
<td>13.5</td>
</tr>
<tr>
<td>COPD %</td>
<td><strong>7.2</strong></td>
<td><strong>6.3</strong></td>
</tr>
<tr>
<td>Comorbidities</td>
<td>Day cases (n=100)</td>
<td>All cases (n=1000)</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>-------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Dementia %</td>
<td>0.0</td>
<td>0.3</td>
</tr>
<tr>
<td>Hypercholesterolaemia %</td>
<td>9.6</td>
<td>11.3</td>
</tr>
<tr>
<td>Smoker %</td>
<td>3.6</td>
<td>4.3</td>
</tr>
<tr>
<td>BMI: (MIN, MAX)</td>
<td>29 (19.5-46.6)</td>
<td>Not available</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Surgery</th>
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<tbody>
<tr>
<td>Duration of surgery (minutes):</td>
<td>66 (31.0-156)</td>
<td>Not available</td>
</tr>
<tr>
<td>(MIN, MAX)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lead surgeon: Specialist registrar %</td>
<td>21.0</td>
<td>Not available</td>
</tr>
<tr>
<td>Hip (v knee replacement) %</td>
<td>56.0</td>
<td>44.1</td>
</tr>
<tr>
<td>Complications</td>
<td>Before</td>
<td>After</td>
</tr>
<tr>
<td>-------------------------------------------------------</td>
<td>--------</td>
<td>-------</td>
</tr>
<tr>
<td>Inpatient DVT in 60 days %</td>
<td>0.0</td>
<td>0.7</td>
</tr>
<tr>
<td>Inpatient PE in 60 days %</td>
<td>0.0</td>
<td>0.2</td>
</tr>
<tr>
<td>Stroke/TIA %</td>
<td>0.0</td>
<td>0.4</td>
</tr>
<tr>
<td>GI bleed %</td>
<td>0.0</td>
<td>0.2</td>
</tr>
<tr>
<td>Renal failure requiring HDU admission %</td>
<td>0.0</td>
<td>1.2</td>
</tr>
<tr>
<td>Myocardial infarction %</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Pneumonia %</td>
<td>0.0</td>
<td>0.1</td>
</tr>
<tr>
<td>Readmitted %</td>
<td>2.4</td>
<td>5.5</td>
</tr>
<tr>
<td>Return to theatre within 30 days %</td>
<td>0.0</td>
<td>0.8</td>
</tr>
</tbody>
</table>
Early Experience of Day Case Total Hip & Knee Replacement Surgery in NHS

S Jain, S Paice, MR Reed, PF Partington
Aim

Patients: Elective THR/TKR surgery

Intervention: Same day discharge

Outcomes:
1. LOS in hrs/min
2. 30-day readmission rate
3. Complication rate
4. Function (Oxford score)
Eligibility

**Included:**
- Elective THR/TKR patients
- Same calendar day discharge
- Consecutive series of **100 cases**

**Excluded:**
- UKR (2)
- Revisions (1)
## Patients

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Patients</td>
<td>97</td>
</tr>
<tr>
<td>Cases</td>
<td>100 (6 staged bilateral)</td>
</tr>
<tr>
<td>Follow-up</td>
<td>10.9 weeks (6.2 to 27.6)</td>
</tr>
<tr>
<td>Age</td>
<td>63.1 yrs (25.7 to 82.5)</td>
</tr>
<tr>
<td>BMI</td>
<td>29.7 (19.5 to 46.6)</td>
</tr>
<tr>
<td>Trainee performed</td>
<td>22%</td>
</tr>
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</table>
## Comorbidities

<table>
<thead>
<tr>
<th>Condition</th>
<th>Cases (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension</td>
<td>32</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>11</td>
</tr>
<tr>
<td>Hyperthyroidism</td>
<td>10</td>
</tr>
<tr>
<td>Hypercholesterolaemia</td>
<td>9</td>
</tr>
<tr>
<td>COPD</td>
<td>6</td>
</tr>
<tr>
<td>Ischaemic heart disease</td>
<td>5</td>
</tr>
<tr>
<td>Smoker</td>
<td>3</td>
</tr>
<tr>
<td>Atrial fibrillation</td>
<td>1</td>
</tr>
<tr>
<td>Hypothyroidism</td>
<td>1</td>
</tr>
</tbody>
</table>

### ASA Grade

<table>
<thead>
<tr>
<th>ASA Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASA 1</td>
<td>33%</td>
</tr>
<tr>
<td>ASA 2</td>
<td>64%</td>
</tr>
<tr>
<td>ASA 3</td>
<td>3%</td>
</tr>
</tbody>
</table>
THR Surgery

Cases
57 (57%)

Surgical time
72 min (40-156)

Fixation
- 79%
- 21%

Cemented  Hybrid

Approach
- 84%
- 16%

Posterior  Lateral
TKR Surgery

Cases: 43 (43%)
Surgical time: 59 min (31-115)
All cemented: 43 (100%)
Approach:
- Medial parapatellar: 91%
- Midvastus: 9%
Results

Length of stay

Median 11 hrs 30 min
Mean 11 hrs 32 min
Range 8 hrs 21 min to 14 hrs 37 min
Results

• **30-day readmission rate** = 3% (3 cases)
  - THR dislocation
  - Pulmonary embolism
  - Wound leakage

• **Complication rate** = 2% (2 cases)
  - THR dislocation -> revision
  - Stiff TKR -> MUA
Results

Functional outcome (Oxford scores)

<table>
<thead>
<tr>
<th></th>
<th>THR (57)</th>
<th>TKR (43)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post-op score</td>
<td>40.5</td>
<td>41.5</td>
</tr>
<tr>
<td>Improvement (this series)*</td>
<td>24.4</td>
<td>21.2</td>
</tr>
<tr>
<td>Improvement (national av.)</td>
<td>22.6</td>
<td>17.1</td>
</tr>
</tbody>
</table>

*selected pts
Conclusion

- Day case THR/TKR is feasible within NHS
- Routine surgical/anaesthetic techniques
- Stable chronic medical conditions are not a barrier
- Low readmission and complication rates
- Good functional outcomes – better than national average
Increase Numbers – how?
• Publicity
  – Expectation
• Patients
• Staff
• GPs etc

New hip and home ... on the same day

A Northumberland man has become only the second person in the county to have a hip replacement operation and go home the same day.

Builder and keen golfer Len Smith has suffered from pain and pain in his joints over many years.

Having already had both his knees replaced in Wansbeck hospital, he was continuing to suffer chronic pain in his left hip. His consultant orthopaedic surgeon Paul Parfington advised him that hip replacement would be necessary and to Len’s surprise, that this could be done without the need to stay in hospital overnight.

Len’s, from Bedewell, in north Northumberland, came to Wansbeck hospital for the procedure in April. He had a spinal anaesthetic to numb the lower half of his body so he was fully awake and talking to the surgeon and anaesthetist during the operation.

On the ward, Len was keen to get out of bed and start his recovery as soon as possible.

“People couldn’t believe it when I got straight up,” Len said.

“When Mr Parfington phoned the ward to see how I was, the staff said ‘if we knew where he was we’d tell you!’ I was out with the physiotherapists and asked if I could walk further.

“He said the staff might as well do home if I was already up!”

Commenting on the operation and his choice to have a day-case procedure, Len said: “I’m active with work and my golf, I was just keen to get it done and get back to normal. Obviously the surgeon has to select patients carefully but he knew I was fit and determined.

“The pain in my hip which I had been enduring 24/7 over many years was unbearable and much worse than the initial pain I felt after the operation.

“I was out and about the next day and on the golf course the following Monday. Eight weeks in I’ve never looked back. Eventually the other hip will need doing but I’ve no hesitation in having it done this way again. It’s fantastic.”

Mr Parfington said: “We carried out our first day-case hip replacement last year and we’re planning for this to become increasingly regular.

“We already have a national reputation for short length of stay following joint replacement with our fast-track techniques, and hopefully day-case surgery will become more and more common when we can reliably identify good candidates.

“Len was suitable as a highly motivated, fit patient who was keen to have his surgery as a day-case. Other important factors were that he did not live too far away and had support from his wife who was happy with the idea of same day discharge.

“We’d encourage patients to consider this option because if they are otherwise fit and well, they can be in and out of hospital quickly and start their recovery in their own surroundings.”

The trust has one of the largest orthopaedic departments in the region with short waiting times and surgeons recognised as some of the best in the UK. Since last June, around 3,000 people have chosen to have their planned orthopaedic procedure at Wansbeck General Hospital.

Export help and support is available round the clock to get patients up on their feet as soon as possible and back home quickly with the right support in place. For extra peace of mind, the trust runs a 24-hour dedicated hotline to help answer patients’ questions about their wound or rehabilitation after leaving hospital.
Discharge Hurdles

• Physiotherapy
  – Mobility
  – Stairs/Steps
  – Hip precautions

• OT
  – Transfers
  – Self care etc.

• Xray
• Blood tests
• Dry wound
Policy

• No post operative Xray for THR or TKR
  – *Cemented primary* joint replacements (GIRFT)
    [We only do cemented hips]
  – No intra-operative concerns

• X-ray at follow up & discharge appointment
2019

• To date
  – Hip
  – Knee
  – Revision hip
2019

• To date
  – Hip
  – Knee
  – Revision hip

  – Ankle replacement
  – Shoulder replacement
  – #NOF THR

  – Scheduled in diary
Day Case Summary

• Easier than you think
• Extension of Fast Track

• Established expectation
• Surgeon
  – Sow the seed

• Remove obstacles / delays

• Most important person
  – Ward Nurse Practitioner
    • 24h presence, pain management expertise
Thank you

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Day Case Hip and Knee Events 2019

15 October 2019  Newcastle

Visits from other Trusts/Health Boards welcome

Arthroplasty fellowship available from August 2021